



Provider Communication

Subject: Medicaid – PeachCare Outpatient Pharmacy Program – Important Information	Priority: High
Date: September 19, 2005	Message ID: ACSBNR09192005_2

Dear Providers,

New GMAC Changes Effective October 1, 2005

Several changes to the GMAC list will become effective October 1, 2005. They include price decreases, increases and additions. The October 1, 2005 GMAC listing will be available for review on or after September 1, 2005 at www.ghp.georgia.gov. Go to Providers, then Pharmacy Overview, and click on to GMAC Listing.

Generic Allegra (fexofenadine) – Non-preffered Effective September 15, 2005

Please note that fexofenadine (generic Allegra) is currently non-preferred and requires Prior Approval effective September 15, 2005 for Georgia Medicaid/PeachCare. As a reminder, Brand Allegra also is non-preferred and requires Prior Approval.

Please share this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. Please contact the Medicaid Pharmacy Unit at 404-656-4044 should you have questions or require clarification.

Sincerely,

Georgia Department of Community Health

Division of Medical Assistance